

## PEACE OFFICER VISION VERIFICATION

FOR SURGERY, UNCORRECTED VISION EXCEEDS 20/60, OR CONTACT LENSES WEARER

Candidate's Name:

PRINT Last First MI

Address:

Street

SSN:

Telephone  
Number:

( )

City

State

ZIP

CLASSIFICATION: (Circle One) CO YCO YCC MTA OTHER:

### AUTHORIZATION TO RELEASE INFORMATION

To determine my eligibility for employment as a Peace Officer with the California Department of Corrections and Rehabilitation(CDCR), I authorize you to release to CDCR any and all medical information and/or records concerning my vision. This authorization is valid until the selection process is completed.

Candidate's Signature:

Date:

### TO OPTOMETRIST/OPHTHALMOLOGIST:

Your patient has applied for a Peace Officer position with CDCR and we need verification that his/her vision meets our corrected vision requirements. We also require disclosure of the means of correction. Please evaluate your patient's visual acuity and indicate both corrected and uncorrected levels of acuity in the designated area below. The information provided will normally be used by non-medical staff; therefore, in addition to listing the acuity measurements, all questions must be answered.

- Has the patient had refractive eye surgery (i.e., RK, PRK, Lasik, etc.) within the last 12 months? Yes ☐ No ☐  
If "Yes", indicate date of last surgery: \_\_\_\_\_
- Is the patient's visual acuity 20/20 or better in each eye uncorrected? Yes ☐ No ☐
- If the patient's visual acuity is not 20/20 or better in each eye uncorrected, is his/her visual acuity corrected to 20/20 in each eye? Yes ☐ No ☐
- What method of correction does your patient currently use? Check one: Glasses ☐ Hard/Semi Rigid contact lenses ☐ Soft contact lenses ☐  
If contact lenses are used, has your patient been a successful contact lenses wearer for the last 12 months? Yes ☐ No ☐
- If "No", indicate the date the patient began using contact lenses: \_\_\_\_\_
- Document the patient's uncorrected visual acuity?

Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_ Both eyes: \_\_\_\_\_

- In the section below, please complete the prescription information for the correction Item 3.

Glasses						Contact Lenses			
Rx		Sphere	Cylinder	Axis	Prism	Rx	Power	Base Curve	Diameter
D I S T	OD					OD			
	OS					OS			
A D D	OD	+	Bifocal Type						
	OS	+	Trifocal Type						

Doctor's Original Signature

Date

Doctor's Printed Name

Telephone Number

Doctor's Address

City, State ZIP

Doctor, please mail the completed form no later than \_\_\_\_\_ to:

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CENTRAL SELECTION CENTER  
2510 S. EAST AVENUE, SUITE 350  
FRESNO, CA 93706

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SSN: \_\_\_\_\_

CLASSIFICATION: (Circle One) CO YCO YCC MTA OTHER: \_\_\_\_\_

### ☐ UNCORRECTED VISUAL ACUITY

☐ Your uncorrected visual acuity is worse than the standard established for the classification indicated above.

☐ You have indicated you use contact lenses.

In order to receive an appointment, you will need to correct your vision using soft contact lenses (SCLs). Of course, the decision to use SCLs is between you and your optometrist or ophthalmologist. Please take the Peace Officer Vision Verification form (OPOS 07C) form on the reverse side of this page to your optometrist or ophthalmologist for completion. Have your doctor mail the completed form to the address indicated on the reverse side of this form.

**ALERT!!! To qualify for employment as a peace officer who wears SCLs, you must begin wearing SCLs within one year from the date that you signed your application. You must have worn SCLs continuously for 12 months before you can be offered a peace officer position.**

### ☐ REFRACTIVE SURGERY

You have indicated you underwent refractive eye surgery within the last 12 months. Please follow the instructions in the enclosed packet of materials.

### ☐ CORRECTED VISUAL ACUITY (20/20)

Your uncorrected visual acuity is within the standard established for the classification indicated above; however, you did not demonstrate visual acuity corrected to 20/20 in each eye. Please give the Peace Officer Vision Verification form (OPOS 07C) form on the reverse side of this page to your optometrist/ophthalmologist for completion. Have your doctor mail the completed form to the address indicated on the reverse side of this form.

### ☐ COLOR VISION TESTING

You did not pass the Ishihara Test for Color Blindness; as a result you have been scheduled to return and take the Farnsworth D-15 Color Vision Test on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please do not wear any color vision corrective device or contact lenses on the date of the test. Please keep in mind that you are responsible for any expense associated with obtaining vision verification or correction from your optometrist or ophthalmologist.

**PLEASE NOTE:** After this form is completed and received by the CDCR it is not evaluated until after both the background investigation and the oral psychological interview have been completed.